

Beyond Compliance: Building a Culture of Safety



KetteringHEALTH 

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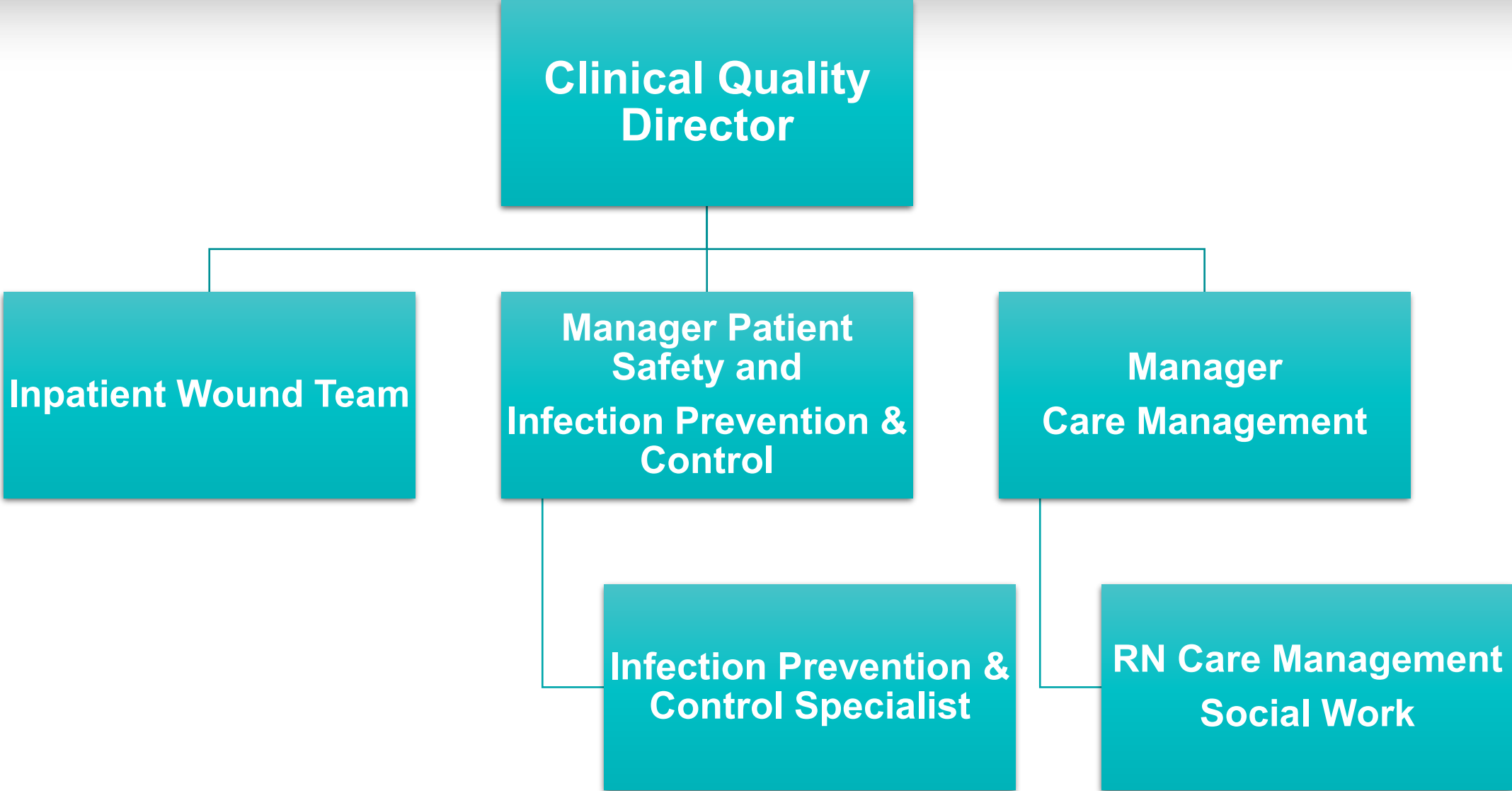
*We have no real or perceived conflicts of interest
that relate to this presentation*

Our “Sphere of Influence” within Kettering Health

- 1,735 Colleagues
- 1,994 Physicians
- 154 Volunteers
- 352 Licensed Beds
- 319,229 Outpatient Visits
- 13,684 Discharges
- 3,058 Babies
- 43,066 ED visits



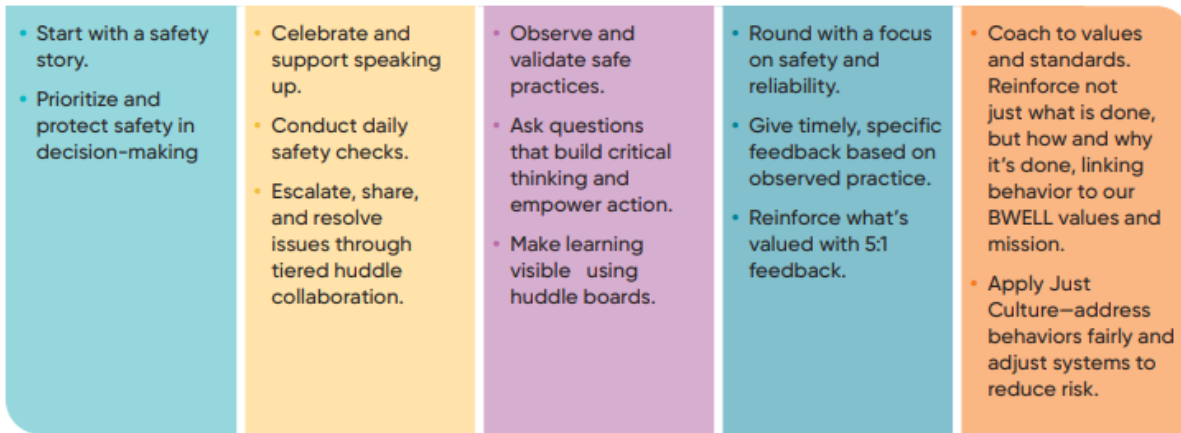
Our Quality Department



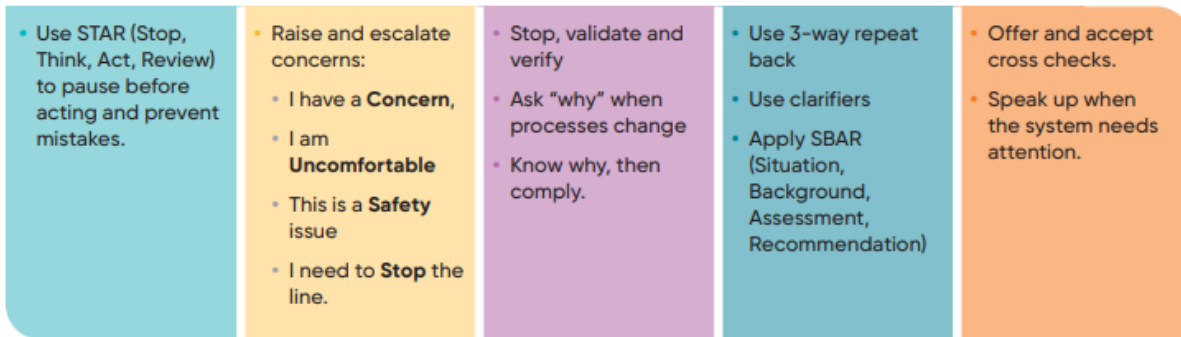
Habits that Build High Reliability



Leader Habits



Team Habits



BSAFE Habits KetteringHEALTH

Highly Reliable Organizations

Preoccupation with failure
 Reluctance to simplify
 Sensitivity to operations
 Commitment to resilience
 Deference to expertise

Operationalize HROs in Healthcare

Safety huddles & rounds
 See something, say something
 Leadership engagement

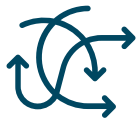
Why We Needed a Change



Fragmented communication



Survey readiness – panic mode



Event entry “black hole” without front line follow up



Safety concerns surfaced too late



Staff experiencing moral distress

The Big Idea: Structured, Interdisciplinary Quality & Safety Rounds

What Success Looks Like	Process	Rounding Team
<ul style="list-style-type: none">• Staff led conversations• Leaders listen more than talk• Issues resolved in real time• Data drives action• Increased event reporting• Staff comes toward rounding, not away• Increased Culture of Safety survey results• Front line reaches out to Quality Team between rounding• Unit/Department leader is supported	<ul style="list-style-type: none">• Pre-scheduled; template provided in advance• Unit-led• Standardized but flexible• Focused on curiosity, not judgment• Only positive information flows to the unit/department	<ul style="list-style-type: none">• Quality Director• Manager, Patient Safety and Infection Prevention & Control• Patient Relations Representative• Patient Experience• Accreditation Team• Executives join ad hoc • Department Manager/Leader welcome; not required

Why have the Charge Nurse or Department Supervisor Lead Rounds?

- Ownership
- Empowerment
- Authentic insight
- Leadership development



The Structure (Secret Sauce)

- Wins
- Worries
- Workarounds
- Shout Outs
- Survey readiness concerns
- Most critical patient
- What didn't we ask that you'd want us to know
- Quality Team Response

Why it works:

- Reduces variability
- Ensures psychological safety
- Makes conversations efficient
- Prevents “awkward silence syndrome”







Workaround: Where's the Bladder Scanner?



The Formula: 10 minutes or Less

Wins	Worries	Work-Around	Shout Outs	Surveyor Question	Most Critical Patient Right Now	Great Catch Certificate	Anything we didn't ask you'd want us to know?
Start Positive	Identify Risk Early	Data Goldmine	Culture Builder			Celebrate the Team	
<p>Builds engagement</p> <p>Reinforces best practices</p> <p>Sets the tone (no one wants to start with everything is broken)</p>	<p>Real-time risk identification</p> <p>Encourages speaking up</p> <p>Normalizes raising concerns</p> <p>Normalizes CUS dialogue</p>	<p>Reveals system failures</p> <p>Identifies process gaps</p> <p>Drives improvement priorities</p>	<p>Peer recognition</p> <p>Cross-department appreciation</p> <p>Boosts morale</p>	<p>Drives regulatory awareness</p> <p>Removes fear through practice</p> <p>Identifies risks</p>	<p>Grows critical thinking skills</p> <p>Focus on real-time clinical risk</p> <p>Promotes shared situational awareness</p> <p>Aligns leadership priorities</p>	<p>Positive affirmation for following BSAFE habits</p> <p>Photo is included in monthly newsletter</p>	<p>Pause and listen – your deep thinkers and process-oriented team members will speak up</p>

Non-negotiables

-  Stakeholder engagement
-  Pilot unit selection
-  Script and structure design
-  Feedback loops
-  Only positive feedback from us – this is not the time for us to correct unless there's immediate patient jeopardy
-  Celebrations: Great Catch Awards; Golden Mepilex Award; Milestones for Number of Days since last Harm Event (ie 1000 days since last MRSA)

Phase I



- Inpatient Departments

Phase II



- EDs/Radiology

Phase III *




- Behavioral Health
- Freestanding EDs

Phase IV



- Ancillary Departments

* Phase III: In progress and aligned with twice yearly Environment of Care Rounds

 **Pre-Scheduled Cadence**
Predictable, published rhythm

 **Communication Rollout**
Clear, Consistent messaging

 **Leader Training**
Leaders trained first;
coaching focus

 **No Gotcha Philosophy**
Learning-focused, non-punitive

Predictable • Leader-Led • Clearly Communicated • Built on Trust

What We Learned

- Respect staff workflows – stay on time (10 minutes maximum)
- Acknowledge when units can't meet
- Leaders must model listening
- Psychological safety takes time
- Humor & Snacks
- Support department leader

Rapid course-correction strengthened trust, efficiency, engagement and follow-through

What We Changed

- PDCA workflow → Add owner & due date
- Rounds ran long → Hard stop enforced
- Fear of speaking up → Start with wins & shout-outs
- Recurring barriers → Escalation pathway + next-round update
- Quality & Safety *facilitates* the process fix; does not *own* the fix
- Adjust questions based on feedback
- Improved tracking process
- Leader feedback
- How to follow up on items we can't change (staffing changes; department remodel)



Date	Campus	Department	Win/Worry/Work...	Status	Assigned to	Description
09/25/25	KHMB	MB Inpatient units	Worry	Completed	Knudsen, Lisa	Interdisciplinary communication (Physicians with Nurses)

9/2025 Worry

Interdisciplinary Communication

“We don’t know the plan; the patients hear something different than us; we have to call the doctor back and wait for a response; we feel dumb; the patient are mad they have to wait...”

CMO Supported the initiative

Patient Experience/Inpatient Units owned the process

Dyad Rounding Piloted on that unit; spread to our campuses

System CMO/CNO/Patient Experience Support

1/2026

KH System Dyad Rounding Go-Live

Physician + Nurse
Communication

Employee
Engagement &
Patient Satisfaction

Employee
Engagement &
Patient Satisfaction

**Dyad
Rounding**

Patient
Satisfaction

Nurse + Patient
Communication

Physician +
Patient
Communication

Status: Completed ×

Wins don't have to be big to matter – small fixes often make the biggest difference

▼	Date	Campus	Department	Win/Worry/Work...	Status ▼	Assigned to	Description
▼	Date: 03/16/26 (1)						
	03/16/26	KHMB	3NW	Workaround	Completed	Gibson, Mark	Nutrition Room - Door propped open Plant Engineering has fixed the door.
▼	Date: 03/17/26 (1)						
	03/17/26	KHWT	ED	Worry	Completed	Gibson, Mark	WT ED- Mirrors in the corners of the hallways removed (when dept was painted), have had several near misses (staff/patients-running into each other). Ticket placed to have mirrors placed back. (for the safety of the department) 4/24/26 rounded on unit- mirrors installed
▼	Date: 04/13/26 (1)						
	04/13/26	KHMB	2E	Workaround	Completed		Blue Pulse Ox intermittent issues. Escalated for review,
▼	Date: 09/25/25 (1)						
	09/25/25	KHMB	MB Inpatient units	Worry	Completed	Knudsen, Lisa	Interdisciplinary communication (Physicians with Nurses)

▼	Date	Campus	Department	Win/Worry/Work...	Status	Assigned to	Description
	2/04/26	KHWT		Worry	Completed		<p>Mental Health room, video camera (15 sec delay) - working on resolving the issue (ticket placed)</p> <p>4/24/26 rounded on unit- has been fixed - corrected</p>
▼	Date: 3/16/26 (2)						
	3/16/26	KHMB	2W	Workaround	New	Yates, Kinsey	MB 2W- Room 15 Scanner not working (ticket placed)
	3/16/26	KHMB	Ultrasound	Worry	New	Gibson, Mark	Curtains - no privacy for patients, can hear other conversations.
▼	Date: 3/17/26 (1)						
	3/17/26	KHWT	Mother/Baby	Workaround	New	Gregory, Serena	<p>Questions regarding "Extra Mile Fund" - at night or on the weekends, staff are not able to utilize this option for patients. Staff have used there own money to get a Gatorade, etc. form the vending machine for the family who were stuck staying at the hospital with family. (Serena Gregory is looking into this)</p>
▼	Date: 4/13/26 (3)						
	4/13/26	KHMB	2E	Workaround	Completed		Lidocaine/Nicotine patches-when removed from pt. require scanning. No

ONE WEEK of Shout Outs

Jacob “Ortho Tech” – He’s Wonderful

MB ED Staff Communication is going well for our department

Angie and Teresa, Nursing Supervisors. Always available when we need help, consistently helps with throughput!

Terry, Facilities – We had a leaking faucet that he was able to fix without disrupting the patient

Vera, unit clerk – Recognized the need for a process change regarding “violent pts” needing Nutritional Safety food Trays

MB Radiology – Teamwork is going well

Shout-out our **Coworkers**- 25+ staff attended the safety stand down

WT Acute 1S – Great Teamwork, 11 discharges so far today

WT ICU - Shout-out – Great Teamwork-everyone swarms the patient to get them admitted

Stacey NPDS – so encouraging in small ways, notes & little gifts that keep up morale and make us feel special

WT ED – Great Teamwork with Multiple holds (7 yesterday, 2 this morning)

ONE WEEK of Worries

Simplex Fire Alarm System constantly going off. (PE fix in progress)

Parking lot slippery with weather; can grounds team salt the hill earlier than 0615 (referred to Facilities)

Patient’s being bedded incorrectly – Acuity’s don’t always match the patient (referred to bed placement)

Float nurse asked “**what’s the purple sign**” – Pt Exp sending an email to Float Pool Mgr with education

Beds without cords so alarms don’t ring out at desk

Not enough radios in the department (ordered)

Increase in **Bed bug** patients (education provided)

TCB policy/protocol starts today – related to 24 hr bilirubin process change. **The order set didn’t change.** (referred IS/Clin Doc)

Outcomes

Quantitative	Qualitative
↑ Retention Impact	↑ culture of safety
↑ Event Reporting	↑ Staff speaking up; report “feeling heard”
↑ Employee engagement scores	↑ leader visibility reported by staff
↑ Patient Experience Scores	↑ Interdepartmental collaboration
↑ Great Catch/Safety Stories	↑ Charge Nurse/ Supervisor leadership growth
↓ Serious Safety Events	↑ Improved survey readiness
↓ Deja-vu events	↑ Increased trust reported by staff



Key Takeaways; Q & A Rounding Form

Quality & Safety Rounding Form Permission granted to copy/edit as indicated

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